

health care program. The Minister of National Health and Welfare (Mr. Lalonde) has proposed to the provinces that existing shared-cost programs under the Hospital Insurance Diagnostic Services Act and the Medical Care Act be replaced by a single program under which the provinces would be free to use federal payments in whatever way would best assist them in the development of their health care programs.

The argument in favour of this proposal is that the provincial governments would have greater flexibility in introducing more effective and more economic methods of dispensing health care. In short, it is suggested that acceptance by the provinces of this scheme would mean better health care at less cost. That is what we want in Canada and it is what we should strive for. But is that what the result would be from this different approach to the financing of health services in Canada?

Speaking personally, Mr. Speaker, I am reluctantly just a little sceptical about the free-hand approach to the provinces, and I should like to try to explain why. I know the contention that this would be a step toward clarifying which government is taxing us to do what; but I am also aware of the tendency of some provinces, especially the one in which I happen to live, Ontario, blatantly to neglect their underdeveloped and remote regions. It is the federal government which has expressed primary concern for regional disparities, and in my view this must apply to health care as well as to economic development.

Rather than seeing less involvement of the federal government in health care services, I would favour a more active presence, particularly in the delivery of health care services in the more remote and underdeveloped regions of Canada. At the present time, as all hon. members know, the federal government is responsible for the health care of native people living on reserves. If you asked any chief or band council whether they would like this responsibility transferred to the provinces, you would get a very quick and strongly worded negative response.

Why is this, Mr. Speaker? Because Indian people know that they are much better served, in most cases, than are their brothers and fellow citizens living off the reserve in a remote area and who come under provincial jurisdiction. Non-native people who witness the establishment of nursing stations on reserves and who know that there are regular visits of medical specialists and dentists to isolated Indian communities quite rightly ask the question: Why can't we have these same services, the same quality of services? It is an empty, hollow answer to tell them that they come under provincial jurisdiction, we are sorry. The indignant rebuttal to that by my constituents is: If that is the way it is, then we, too, want to be under the federal umbrella for health care services; we want Ottawa to provide us with access to health care services which the province refuses to do. To persons residing in more isolated areas where there is a serious lack of hospital facilities and health workers, accessibility simply means the availability of services. It is of very little benefit to a citizen to have publicly financed health insurance coverage if he has only very limited opportunity for reasonable access to necessary and appropriate health care when it is required.

Access to health care is now being identified in a number of charters on human rights. It is my understand-

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ing that the primary objective of the existing federal health insurance legislation was to ensure that all Canadians would have access to services, irrespective of their ability to pay and regardless of where they live.

One of the difficulties which I see in the motion that is now before the House is that it calls only for the federal government to issue a blank cheque to the provinces for health care services. It says nothing about insisting that the provinces do a better job of distributing these services fairly and equitably in order to get the money from the federal treasury which is being offered to them. This government has endeavoured to adopt a fairly high profile in doing something about regional economic disparity. I ask them now to adopt an equally high profile in seeing to it that regions like northern Ontario receive much more in the way of health care services and facilities. Leaving the field open to the provinces, giving the provinces a free hand, will likely mean that those who now have will get more, and the have-nots will still be no better off.

From time to time we hear much said about constitutional propriety as related to such responsibilities as health care. That is a fascinating academic diversion, but it does nothing to help the men, women and children who live on the expanding frontiers of Canada and who deserve at least as much as their urban cousins namely the right to medical attention and health care as and when it is needed. It is the federal presence in this field which can guarantee help to those who need it most. If the federal government is seeking to retreat from the health care field—and I hope that is not the case; I have read again the minister's speech and I am assured that it is not the case—if there is any tendency or temptation in this direction, then I urge every possible reconsideration. Instead, I make the plea for a more active, direct involvement by the federal government in this field. To leave the provinces free to use federal payments in any way they like for the development of health care programs will only mean hardship, particularly for those who live in the vast region of northern Ontario.

The Department of National Health and Welfare Act charges the minister of that department with the responsibility for all matters relating to the promotion and preservation of the health, social security and social welfare of the people of Canada over whom the parliament of Canada has jurisdiction. In addition, there is to be co-operation with provincial authorities with a view to co-ordinating efforts made or proposed for preserving and improving the public health. I am not certain that there is a desire on the behalf of the federal government to retreat from this responsibility, but if that were so, then I would certainly oppose such a move. There is a need in Canada for the federal authority to become more closely involved with the provinces in the health care field; to co-operate more in efforts to improve public health; to take more initiatives, not less; to show more leadership and not draw back and give a free hand to a province like Ontario which is hardly aware of its own geography north of Sudbury, Sault Ste. Marie or west of Thunder Bay.

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Since the Second World War, one of the most striking developments in the health care field in Canada has been the progressive involvement of the government. It is no